

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

673271  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6		2				
7		0				
8		0				
9	1					
10		1				
11		2				
12		2				
13		2				
14		0				
15	1					
16		1				
17		2				
18		2				
19		2				
20		0				
21		0				
22		0				
23		0				
24	1					
25		1				
26		2				
27	1					
28		1				
29		0				
30		0				
31		0				
32	1					
33		1				
34		2				
35		2				
36		2				
37		0				
38	1					
39		1				
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41		2				
42		2				
43		0				
44		0				
45		0				
46		0				
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY